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SERIAL NUMBER 10/696,493	FILING OR 371(c) DATE 10/29/2003 RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 25737-00002
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/421,674 10/29/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 01/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OH	13	24	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

33772

## TITLE

THERAPY DEVICE HAVING A ROTATABLY TILTABLE PLATFORM

FILING FEE RECEIVED 529	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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